

1.) CORPORATION NAME:

DUE DATE: **10/31/2011**

**American Diabetes Association Research Foundation, Inc.**

SCC ID NO: **04356309**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER**

5.) STOCK INFORMATION

**LARRY HAUSNER**

CLASS

AUTHORIZED

**1701 N BEAUREGARD ST**

**ALEXANDRIA, VA 22311**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ALEXANDRIA CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1701 N BEAUREGARD STREET

CITY/ST/ZIP: ALEXANDRIA, VA 22311-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

☒

DIRECTOR

NAME: RALPH YATES, DO  
TITLE: CHAIR OF BOARD  
ADDRESS: 1701 N BEAUREGARD STREET  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311-

☒

OFFICER

☒

DIRECTOR

NAME: GINGER GRAHAM  
TITLE: VICE CHAIR  
ADDRESS: 1701 N BEAUREGARD STREET  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311-

☒

OFFICER

☒

DIRECTOR

NAME: KAREN TALMADGE, PHD  
TITLE: VICE CHAIR  
ADDRESS: 1701 N BEAUREGARD STREET  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311-

☒

OFFICER

☒

DIRECTOR

NAME: DWIGHT HOLING  
TITLE: SECRETARY/TREAS  
ADDRESS: 1701 N BEAUREGARD STREET  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311-

☒

OFFICER

☒

DIRECTOR

NAME: LARRY HAUSNER  
TITLE: CEO  
ADDRESS: 1701 N BEAUREGARD STREET  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311-

NAME:	ELIZABETH SEAQUIST, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1701 N BEAUREGARD STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22311-		
NAME:	DAVID K BLOOMGARDEN, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1701 N BEAUREGARD STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22311-		
NAME:	PEARSON C CUMMIN, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1701 N BEAUREGARD STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22311-		
NAME:	S. DANIEL JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1701 N BEAUREGARD STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22311-		
NAME:	ORVILLE G KOLTERMAN, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1701 N BEAUREGARD STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22311-		
NAME:	PETER K KOMPANIEZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1701 N BEAUREGARD STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22311-		
NAME:	KARMEEN KULKARNI, MS, RD, BC-ADM, CDE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1701 N BEAUREGARD STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22311-		
NAME:	KENNETH MORITSUGU, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1701 N BEAUREGARD STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22311-		
NAME:	JAMES W QUINN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1701 N BEAUREGARD STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22311-		
NAME:	ROBERT SEVIER, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1701 N BEAUREGARD STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22311-		

NAME: DONALD J WAGNER TITLE: DIRECTOR ADDRESS: 1701 N BEAUREGARD STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CATHY BERNSTEIN TITLE: DIRECTOR ADDRESS: 1701 N BEAUREGARD STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22311-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ LARRY HAUSNER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LARRY HAUSNER, CEO PRINTED NAME AND CORPORATE TITLE
10/25/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	